

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILED DATE

APPLICANT(S)

09/913344

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9	1						59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15	1						65					
16		1					66					
17		1					67					
18							68					
19							69					
20							70					
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22							72					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL	3						TOTAL					
TOTAL	14						TOTAL					
TOTAL	110						TOTAL					
CLAIMS							CLAIMS					